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TODD AND BOWMAN'S PHYSIOLOGY,

SIXTEEN PAGES.

CLINICS.

Clinical Lecture on Obstructions of the Bowels, delivered at the Westminster Hospital: By B. PHILLIPS, Esq., F. R. S.

GENTLEMEN: I have selected for our lecture to-day the subject of Obstruction of the Bowels, partly because you have had, during the last year, several opportunities of observing different forms of this disease, partly because it has occupied much of my attention, and because I may therefore be able to give you some suggestions on the subject, which you may find practically useful.

From time to time, during the last one hundred years, the subject has received special attention; but either from the difficulties by which it was surrounded, or the general failure of the means of treatment employed, no accurate rules were laid down for the guidance of the practitioner, and the subject again fell into oblivion.

Still, it received more than a passing notice at the hands of Hevin, Allan, Martin, Fine, and Bonnet; but it remained for Amuesat, in 1839, to direct attention strongly upon the subject; and since that time the investigations have been accurately conducted, and the surgical operations for its relief have been well conceived. The recent materials now before us, extending as they do over about fifty cases, are therefore sufficient to enable us to take a more practical view of the subject than was possible a few years ago, and to lay down more exact rules than could previously have been done for the treatment of this very formidable disease.

In 1847, a paper of mine was read at the Royal Medical and Chirurgical Society, entitled "Observations on Intestinal Obstructions depending on Internal Causes, and on the means employed for their relief." That paper was published in the thirty-first volume of the Society's Trans-

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actions, and it concludes with the following suggestions:—

1st. That intestinal obstructions dependent upon causes acting within the abdominal cavity are by no means of rare occurrence.

2d. That they may occur at any period of life; and that although a particular variety of obstruction may be more frequently seen than another, at a particular period of life, there are still so many exceptions to the rule, that we cannot rely much upon the probability that a particular obstruction is present at a given period of life.

3d. That the diagnosis of the *existence* of an obstruction is usually not difficult.

4th. That the diagnosis of the *nature* and the *seat* of the obstruction is, in most cases, most uncertain and unsatisfactory.

5th. That, beyond the general history of the case, the most probable means of ascertaining the seat of the obstacle is to follow carefully the distended intestine up to the point of obstruction.

6th. That, under ordinary treatment, these cases are very commonly fatal, in the proportion of probably seven out of nine.

7th. That, although no absolute reliance can be placed on purgatives, on mercury, on opium, or on any variety of injection, and that although in many cases they may seem to aggravate the suffering, yet, as it is unquestionable that in many cases they have been administered with relief, we cannot advise that they should be discarded; but we doubt the prudence of continuing to use them beyond two or three days.

8th. That interference by surgical operation is justifiable when three or four days have passed without any relief from ordinary means (provided the constipation be complete, and there be vomiting of fecal matter), because it affords a greater chance for the preservation of life than the treatment by ordinary means.

9th. That if the indications as to the seat of the obstruction be sufficient to satisfy the surgeon, it is at or near that point the incision should be made; but if there be much doubt, it is most prudent to make the incision on the median line.

10th. That if it be found impracticable to remove the cause of the obstruction, or imprudent to make any extended search for it, relief may be obtained by forming an artificial anus as near as may be prudent to the seat of the obstruction; and that if it be, as it frequently is, near the termination of the

ileum, an incision on the median line admits of its accomplishment as near as may be to the termination of the intestines.

Those conclusions appeared to me to be reasonable deductions from the facts before us at that time. Five years have since elapsed; much attention has been directed to the subject; many operations have been performed, and especially in our own country, for the relief of persons suffering from obstruction; and those conclusions now require modification.

Before I proceed, however, to indicate the modifications which have become necessary in those conclusions, I must offer some general remarks to make the whole subject intelligible to you. I do not mean by obstruction of the bowels ordinary cases of constipation, which may be relieved by one or two brisk cathartic doses; but cases in which obstinate resistance may be offered to the action of ordinary and even extraordinary remedies, and the constipation may persist many days. I cannot, however, draw a line, and say that when constipation has persisted for a certain number of days, and resisted ordinary means, it shall come under the denomination of obstruction of the bowels; nor can I say that a case which has persisted for twenty-four hours should be excluded from it; for there are some persons who do not habitually have the bowels relieved more than once a week, whilst there are others in whom constipation for a week would be fatal. I have known an obstruction terminate life in thirty hours; it may happen still more rapidly; and I have known constipation to persist for nearly six weeks, with wonderfully little disturbance to the system, and then terminate in restoration to health. I saw a case, in which as many months were, it was said, passed without relief. I attended a case lately, where, at the end of a month, even the appetite had not failed. There are cases where the patient has recovered, without operation, after sixty-four, seventy, or even more days of obstruction; but if constipation resist ordinary means for many days, the term obstruction may be fully applied to it.

There are many means by which serious or even fatal obstruction of the bowels may be caused; thus it may be caused mechanically by foreign bodies becoming impacted in the canal; by the pressure from without of foreign bodies upon the canal; by abnormal adhesions of a part of the circumference

of the canal to other parts; by changes in the direction of the canal; by twisting; by invagination; by constriction occasioned by bands surrounding the intestine, or by the intestine having passed through a normal or an abnormal opening; by structural change in the intestine, or by vital peculiarities in the intestine itself. I have known obstruction to be caused by paralysis of a portion of the tube; by foreign substances within this canal, such as hardened feces, biliary calculus, hair-balls, chewed paper, fruit-stones of various kinds; by a polypus; by intussusception; by abnormal adhesions of a part of the circumference of the intestine to the walls of the abdomen; by deviations in its direction—for instance, the descending colon being dragged over to the right iliac fossa; by narrowing from ulceration, from chronic inflammation, from malignant disease. I have known it to happen from a twisting of the intestine upon itself; from its passing through normal or abnormal openings; from becoming involved in bands of false membrane which have been developed around it; or from passing under bands developed at other points; or from the pressure of tumours from without.

These various means of obstructing the bowels do not occur with equal frequency; but I am not able to indicate their relative proportion. Intussusception is not an uncommon cause of obstruction, though of its comparative frequency it is difficult to form an estimate. If we took as our basis the number of recorded cases in which intussusception was the cause of obstruction, it would seem to be a frequent cause; but I apprehend that it will be unsafe to do so, because I think cases of obstruction from many other causes are not so certainly recorded.

Although it is impossible to say that every part of the intestinal tube may not be the seat of obstruction—for I have known it to occur in the jejunum, the ileum, the cæcum, the colon, and the rectum—yet it is certain that the superior portion of the intestinal tube suffers less frequently than the inferior, probably in the proportion of fifteen or twenty to one; and that in the great majority of such cases the obstruction occurs beyond the cæcum. I should say the proportion must be more than five to one.

Obstructions are not usually developed without some premonition. In most instances, there have been one or more attacks of disorder of the bowels. It may have been

of more or less obstinate diarrhoea; it may have been of constipation. But in some instances there has been no premonition.

The ordinary symptoms of obstruction of the bowels are constipation resisting the action of aperient or purgative medicines, abdominal tension, and sickness. The constipation may continue for many days without any other urgent trouble; but it may be that great disturbance may exist from a very early period. One of the earliest concomitants may be a sense of discomfort, or distension, or pain over the abdominal cavity; but it may not be present for several days after the complete development of constipation. The mouth becomes clammy and the tongue whitish, and there is thirst; this is commonly followed by nausea and vomiting. The matter at first vomited may be the simple contents of the stomach; then it may be more or less bilious, and at last it may become more or less completely fecal. The urine is sometimes scanty and high-coloured, at other times it is plentiful. The abdomen becomes tumid, the intestines distended so as to present great coils, which roll about during paroxysms of pain. As the abdomen becomes distended, it encroaches more and more upon the cavity of the chest, causing embarrassment in respiration, sometimes to a distressing extent. The pulse may for a while be little affected, but in the progress of the disease it becomes rapid and thready. Peritonitis may be developed, and there may be much abdominal tenderness; but the peritonitis which is developed in these cases is often very insidious in its progress. After proceeding through a certain but very variable period of time, the powers of life give way, and the patient usually dies.

After stating that the causes and the seat of obstruction are so various, it would be a satisfaction if I could state further that the symptoms of each variety were so characteristic, that we were enabled to say not only what was the seat, but what was the cause of the obstruction. This, however, cannot at present be done, because the important symptoms in either case are those of obstruction, and the signs of obstruction are very similar, whatever be the cause; except in cases of cancerous disease of the rectum, where the disease can be recognized, and intussusception, where there is often a sanio-mucous discharge, and a frequent desire to stool. The prominent symptoms are constipation, vomiting, and a tumid abdomen;

and whether the cause of obstruction be a hair-ball, a biliary calculus, an invagination, or a band of false membrane, these signs may be equally present and equally urgent. It is true, however, that when the cause of obstruction is sudden and complete, the symptoms are usually more suddenly violent than when the cause is gradually developed; but at a certain period the symptoms may be equally violent in all.

It has been said that we have a guide in coming to a conclusion as to the probable seat of obstruction, in the greater or less acuteness of the symptoms, and the quantity of urine evacuated. It has been said, that if the symptoms, particularly vomiting, are urgent, coming on rapidly, the matter vomited not being perfectly fecal, and the urine small in quantity, the obstruction may be expected to be found in the small intestine. Whatever probability may be thus furnished, there is no certainty; but in probably fifteen out of sixteen cases of obstruction, the obstruction is beyond the small intestine. Cases have happened where, in obstructions in the large intestine, the symptoms have been so acute as to have destroyed life in twenty-four hours, and where an obstruction in the small intestine has allowed of the patient surviving for two, three, or four weeks.

Again, it was said by Laugier, that we may derive much assistance, to enable us to come to a conclusion as to the seat of obstruction, by a careful examination of the intestinal canal. He said (and correctly, too), that in most cases of obstruction the intestines became very much distended; and he also said, that if we carefully follow the coils of distended intestine, we may be able to discover the point at which the obstruction is situated. My own experience leads me to a different conclusion. The coils can undoubtedly be distinguished, but I have never been able to feel any confidence that I could determine what portion of tube was under examination, except in those instances where the distension decidedly affected the cæcum or the descending colon.

Again, it has been said that, when the obstruction is not far removed from the rectum, the long tube and the injection are important aids in diagnosis; but they are not entitled to unmixed confidence. The tube may meet with an obstacle when the canal is comparatively free, and a large quantity of water may be forced through a very narrow channel.

The cases, however, which are most satisfactorily dealt with are those in which the obstruction is situated in the rectum, because in many instances the evidence of their existence is complete. An operation may be performed in the descending colon, and the surface left free for nutrition is sufficient.

The results of obstruction of the bowels are very unfavourable, but I am not able to state the exact proportion of those who survive to those who die. Death may come on, ushered in by collapse or exhaustion; or the obstruction may cause the development of peritonitis; or it may be that the intestine itself may give way, and its contents may pass into the peritoneal cavity. The following case lately came under my observation: A lady fell ill at five o'clock P. M.; at seven she was seen by her usual medical attendant. She had then abdominal pains about the umbilical region, increased by pressure. She was vomiting, but only the ordinary contents of the stomach. As the patient had had no stool for four days, enemata were ordered, and fomentations applied to the abdomen. By midnight, all the serious symptoms were somewhat aggravated. The enemata had only brought away some hard pellets. Further enemata were ordered. At seven next morning her condition was much worse; the face was collapsed; the abdomen more painful; the sickness more distressing; the extremities cold; the pulse thready. By mid-day she was dead.

The body was examined. The ascending, transverse, and descending colon were enormously distended. In the pelvis a considerable quantity of fluid feces was observed. Upon a more minute examination, a perforation was discovered in the concluding portion of the sigmoid colon. Beyond this was a hard ball of feces completely blocking up the intestine. The perforation took place in the middle of an ulcer.

When we are called upon to treat a case of obstruction of the bowels, we should first carefully examine externally the whole of those regions in which a protrusion of the abdominal viscera may take place.

Supposing a tumour to be found, our difficulties may not be mastered, because there still remains the important question: Is that tumour the cause of obstruction? It is a question which has been often asked. It has often been answered in the affirmative; its contents have been exposed by operation,

and in many instances it has been found to have nothing to do with the obstruction. Still, in the absence of any other apparent cause of the obstruction, we are justified in such a case in performing an exploratory operation.

Supposing no such tumour to be found externally, we then examine carefully the state of the abdominal cavity. If a tumour be discovered within, it is often very difficult to determine what it is, and what connection it has with the obstruction. Is it intussusception? Is it, as in Reybard's case, a carcinomatous tumour of the intestine itself? Is it an omental tumour pressing upon the canal, as in three cases that have happened within my own experience? Is it a foreign body within the canal, such as a biliary calculus, an intestinal concretion, a hair-ball, hardened feces, a collection of fruit-stones? These are questions of great importance, but of very difficult decision.

If we are unable, by an ordinary examination, to detect a tumour or fullness, our investigation must be carried further, and we must explore the terminating portion of the canal. We must examine the rectum with the finger, and if we discover nothing by that means, we must make a further examination with a long tube and injections; but, in using the tube, we must bear in mind that it may be arrested by the pouches and folds of a lax rectum, or by the promontory of the sacrum, or by an enlarged uterus; and, while we think it is passing freely, it may be that it is only curling upon itself. Much care is necessary, therefore, in the performance of this kind of exploration; and at best it only indicates that there is an obstruction, but does not reveal its nature, nor the propriety of an operation. Then, with regard to injections, it must be borne in mind that although, when only a very small quantity is admitted, the presumption is that there is an obstruction near the anus, yet it may be that a good deal of fluid may pass through a very narrow opening.

When our minds are made up that an obstruction exists, but we are unaware of its seat or its nature, we first have recourse to medical means of relief. And here a perfect comprehension of what means may be properly had recourse to is of the last importance; because I believe there is no class of cases in which the patient's sufferings are so much aggravated by indiscreet treatment, or I might say by the treatment commonly

employed, as in those of intestinal obstruction.

It is usual to employ, from an early period, the most drastic purgatives, such as croton-oil; and the common result is to aggravate the abdominal pain, and to induce the most distressing sickness sooner than it would otherwise happen. I am confident that, by abstaining from such means, as an ordinary rule, you will not lessen the chance of evacuating the bowels, and you will greatly lessen the patient's distress.

When constipation has resisted ordinary means, I think the proper course to take is to exhibit one or two full doses of calomel with opium—say eight or ten grains of calomel and a couple of grains of opium; and to exhibit large emollient enemata every six or eight hours. If these means fail, I am accustomed to endeavour to affect the system with mercury, by giving a couple of grains of calomel every two hours, combining with it opium if there be much pain, and associating with it external inunction. Upon what principle this is done it may be difficult to explain, for it can hardly be expected to burst a band or to relax a cancerous contraction; but I believe, if the obstacle be a foreign body, it may be loosened by the increased secretion from the mucous surface; and if it be a recent adhesion, it may be softened and detached by mercurial action. Certain it is, however, whatever the *modus operandi*, that marked or even complete relief is often afforded upon the development of mercurial action in the system.—*Lancet*, January 1, 1853.

SKETCHES AND ILLUSTRATIONS OF QUACKERY.

Deceptions of Quacks.—We have frequently had occasion to expose a common deception practised by quacks of appending the names of eminent and well-known persons to testimonials of the value of their nostrums. Mostly the names are slightly changed so as to protect the perpetrator of the forgery from prosecution, and yet so nearly like the real name as to impose upon the unwary. Sometimes, however, the name and titles (as was the case with Prof. Silliman, see the number of *News* for March, 1852, p. 18) are boldly given correctly, the charlatan trusting for immunity to the ex-

pense and loss of time which a prosecution would involve.

How far these remarks are applicable to the following case, we leave our readers to decide. The letter which we subjoin is, however, explicit, and at least exonerates the eminent authors of it from having sanctioned with their names the efficacy of any nostrum.

PHILADELPHIA, March 22, 1853.

DEAR DOCTOR: We send you the following extract from the "*Suffolk Weekly Gazette*," of March 11, 1853. The *Gazette* is published at Sag Harbour, Suffolk County, New York. The extract is part of an advertisement headed "HOBENSACK'S LIVER PILLS:"—

"MEDICAL EVIDENCE."

"We, the undersigned Physicians having had the receipt of their manufacture submitted to us for inspection, say, that the ingredients of which they are composed makes them the best Pill in use for all Diseases of the Liver, Impurities of the Blood, &c. We say this not only from our own judgment, but also from that of the best medical authority in the United States. All the diseases requiring the use of an ALTERNATIVE, DIAPHORETIC, and PURGATIVE MEDICINE, that came under our notice, has been treated with the above Pills, with the most satisfactory success.

"GEORGE WOOD, M. D.,

"FRANKLIN BACHE, M. D."

The extract is given *verbatim*. There are other signatures attached to it, which we have omitted, as not directly concerning ourselves.

It is scarcely necessary for us to state, if the above signatures were intended for ours, that they were wholly unauthorized by us. Neither on this, nor on any other occasion, has either of us signed a recommendation, or in any way authorized his name to be used, in favour of an empirical medicine, or of any nostrum whatever.

By giving the above a place in the *Medical News*, you will oblige your friends,

GEORGE B. WOOD,
FRANKLIN BACHE.

EDITOR MEDICAL NEWS.

Ophthalmological Homœopathy.—The great temporary impulse which was recently given to the homœopathic imposture

in Vienna, by the case of the celebrated Marshal Radetzky, was the subject of conversation in the medical circles of London, during the visit of Professor Jaeger of Vienna, at the time of the Great Exhibition. An authentic narrative of the facts of the case will, however, we dare say, be still acceptable to our readers. The *Monthly Journal* for the present month contains Professor Jaeger's explanation of the case.

In January, 1841, Dr. Hartung, physician to the Austrian army, and to Count Radetzky, wrote from Milan to Professor Jaeger, for advice respecting a disease of the eye, with which the Marshal was affected. The patient was seventy years of age, and reckoned fifty-six of military service. He was vigorous and robust, but subject to catarrhal and rheumatic affections, which became more frequent and intense with the approach of old age. The history of the attack of disease of the eye is thus given by Dr. Hartung: "The Marshal, on the 9th of October, 1840, during the manoeuvres of the camp at Pardenone, exposed himself for six hours consecutively, and on horseback, to the overpowering heat of the valleys, and the currents of air on the heights. He was suddenly seized, in consequence, with violent fever, accompanied by severe pain in the forehead and temples; there arose, at the same time, an inflammation of the right eye, and of the soft parts around it; and the globe of the eye was pushed considerably from the orbit. The pain was so severe that the patient could scarcely endure it, and was obliged to go to bed. During the night, the intensity of the affection diminished, so that his Excellency was able next day to attend a military parade, and some days after to return to Milan. The inflammation of the eye, as well as the fever and pains, soon disappeared; but in addition to the old infirmities, there remained a greater degree of redness of the eyelids and swelling of the conjunctiva than formerly, and a tumour was now perceptible to sight and touch in the external angle of the eye, which caused the globe to protrude from the orbit. This aggravation, however, did not prevent his Excellency from retaining the command-in-chief, nor from occupying himself, as before, with the affairs of the service. The treatment was, from the commencement of this attack, as it had been previously, strictly homœopathic, the remedies having been administered in the

following order: 1. Aconite. 2. Baryt. carbon. 3. Zincum metall. 4. Anacardium orient. 5. Calc. carbon. 6. Euphrasia. 7. Mercurius Hahnemannii. 8. Merc. sublim. corros. 9. Antimon. crud. 10. Digitalis." As these remedies failed to produce benefit, Dr. Hartung diagnosed the growth of a fungus in the orbit; and Professor Flarer, of Pavia, diagnosticated a scirrhus tumour.

Dr. Jaeger was, at the time when he received Dr. Hartung's communication, with one from Dr. Flarer, ordered to proceed to Milan, to consult and report on the case of Marshal Radetzky. After examining the patient, the consultants were informed by him that "he would be treated by no other physician than Dr. Hartung, and in no other way than according to the homœopathic system." Drs. Hartung and Flarer still adhered to their opinions as to the nature of the disease; while Dr. Jaeger regarded it as the product of a rheumatic periorbitis, which, having taken an unfavourable turn, must have degenerated into a scirrhus disease. Yet he believed that, if an increase of inflammatory action took place, a cure might supervene after an evacuation of pus. As this view, however, did not meet the assent of Dr. Hartung, the basis of the report to Vienna was the original diagnosis—the presence of a scirrhus degeneration of the soft parts within the orbit, threatening to pass into the state of cancer. Some weeks after having returned to Vienna, Dr. Jaeger heard, by a letter from a relative of Count Radetzky, that the pain had increased, and that there was a copious discharge of pus; and this was confirmed by a report addressed to the minister of war. While this change was going on, Dr. Hartung, after effectually throwing impediments in the way of Professor Flarer, who was again called to the patient, wrote to Dr. Jaeger, "that the Marshal, having continued to be treated according to the principles of homœopathy, had got well; that the fungous tumour of the orbit had disappeared; that the pain had ceased; that the eye had recovered its mobility, and that the change of fungus into carcinoma was no more to be dreaded; and he regretted that Dr. Flarer had not had an opportunity of convincing himself with his own eyes of the favourable change!"

After some controversy had taken place on the subject, nothing more was said till 1849, when the victories of the Marshal

aroused in the homœopaths the idea of trying to gain thereby a new triumph for themselves; and the case has hence been paraded, with false premises and conclusions, and injurious imputations with regard to Dr. Jaeger. Dr. Jaeger concludes by reiterating his conviction, that the disease was from the beginning nothing more than simple rheumatic periorbitis, which had gone on to suppuration. The diagnosis was difficult; and on this, of course aided by no small amount of assurance, the homœopaths have blazoned forth the cure of malignant disease of the eye in Marshal Radetzky, as a splendid triumph of homœopathy. Dr. Jaeger completely demolishes their pretensions.—*Association Med. Journ.*

Dr. Hartung "diagnosed" the growth of a fungus in the orbit; and Dr. Flarer "diagnosticated" a scirrhus tumour; while Dr. Jaeger regarded it as the product of "rheumatic periorbitis," degenerated into a scirrhus disease. So much for the eye-surgery of the idols of mushroom ophthalmologists. The old soldier evidently suffered the tortures of an abscess in the orbit.—*Dublin Med. Press*, Feb. 16, 1853.

The views of our esteemed contemporary, Prof. Jacob, of Dublin, in regard to this case, are undoubtedly correct.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Review of the Weather for the Month of February, 1853.—The month of February last was remarkable for its mildness. For fifteen days it did not freeze at all, and the mean temperature of but eight days fell so low as 32 degrees. The earth has hardly been gray with snow; and so early as the 8th, the crocus and the silver-maple were in full blossom.

The average mean temperature of February, for the last sixty years, has been for this city, 29.35 degrees; while the average temperature of the same month this year, rose to 38.26 degrees; which is above the mean of the ensuing, or first spring month. In 1842, the temperature of the month under review was nearly as high; in 1840, it rose to 39 degrees; and in 1828, it is recorded by Peirce at 40 degrees. An elevation of temperature for this, usually the coldest month in the year, equalled but

once on our record. In his register, this careful observer remarks: "The medium temperature of this month was 40 degrees, and the weather was more like April than a winter month. Apricot and peach-trees were in bloom on the 20th; but some frosty nights in March destroyed most of the promised fruit."

But the mean of this month for 1851 rose to the unprecedented height of 41.14! A record made at the time says: "The willow tops have already put on the olive colour of the young leaf, and the woodbine has put forth its branches."

A thundershower occurred on the morning of the 2d, and some rain, twice mingled with snow, fell on eleven days. The whole fall of rain for the month, as recorded at the Pennsylvania Hospital, was 4.44 inches.

The range of the thermometer for the month was from 20, on the morning of the 20th, to 59, on the afternoon of the 6th, or 39 degrees.

Not only the last month, but the whole winter, has rarely been exceeded in mildness. The mean average of our winter cold is 30½, while the mean of last winter rose to 33½. About the same winter temperature occurred in 1828—also in 1848 and 1851; the winter mean rose to 38 degrees.

The earth is without frost, and our rivers without ice.

Not more than the usual quantity of rain has fallen in this vicinity; but from some cause, the Schuylkill water comes to us containing more than its usual quantity of the washings of the well-tilled and well-dressed fields that for sixty miles adorn its banks. So turbid has it been for the greater part of the past month, that for culinary purposes also, as well as for a beverage, it is utterly unfit.

The month, as the whole winter, has been unusually healthy; the whole number of deaths for the four weeks comprised in the last month being 774, while for the four corresponding weeks of last year the whole number was 859. So the whole mortality for the past winter was 2364, while for the winter of 1851-'2 it was 2651, or 287 greater, and this, notwithstanding the population was then very considerably less.

But it is an important consideration how this lessened mortality is reconcilable with an increased population; and it is one of the achievements of meteorology, not the least

interesting among its many contributions to our knowledge of the laws that govern the elements that surround us, and the influences of these upon animal and vegetable life, that it has thrown a strong light, especially upon the hygienic effects of *light* and *heat* upon the animal economy. It has shown that we cannot with impunity expose our bodies, habitually, or for a lengthened period, to a greatly lessened portion of either of these all-pervading agents. Under such exposure, the infant, the aged, and the infirm of all ages are the first to succumb.

In the darkened cells of prisons, and in the obscure courts and dusky alleys of cities, are found many victims of this sort. And, too often, in the broad street, and in the comely mansion, with the glorious sunshine falling full upon it, children pine and falter; because their parents are ignorant of the established fact that animal, no more than vegetable life, can be healthful in the shade; that though the vigorous adult may, for a season, resist its peccant influences, animals, not less surely than vegetables, will languish, become enfeebled, and prematurely decay, when long deprived of the sun's rays.

We have said that parents sometimes shut the sun from their dwellings because they are ignorant of the momentous fact that to animals no less than to vegetables, to man no less than to the blade of corn, is sunshine—we mean the direct rays of the sun falling upon its object—essential to healthful development. Yet we have reason to fear that this practice does not always proceed from so excusable a source, but that known laws are neglected, or, as it were, set at defiance, from a prudish effeminacy that leads to the *habitual darkening of rooms*, lest, forsooth, a fly be admitted, or the carpet and the damask be faded!

A few weeks there are, six or eight it may be, in this climate, when comfort is consulted by excluding the mid-day sun from our dwellings; and this may, perhaps, be done without prejudice to health, provided too much of our time is not spent within them, and a morning and evening ventilation be given.

The deleterious effects of exposure to cold are not less apparent; especially where the subject be young or of infirm health, and the exposure be sudden. This may best be seen during our winter vicissitudes, by comparing the state of the thermometer

with the bills of mortality as periodically issued. A mild temperature for the month, or winter, gives, *ceteris paribus*, a low mortality; and a low temperature an increased mortality. Compare, for instance, the temperature and health of the winter just past, one of the mildest as we have seen, in the last sixty years, with that of 1851-'2, which was about of the average temperature.

Mortality for three winter months for

1851-'2 2651

Average temperature 30.86

Mortality for three winter months for

1852-'3 2364

Average temperature 38.76

That is, other things being equal, a winter eighty degrees milder lessened the mortality 12 per cent. But other things were not equal, for the population had increased probably not less than 6 per cent.; and thus, to preserve the ratio of the preceding winter, the mortality should have increased 6 per cent. also; thus showing a sanatory influence in favour of a mild winter of not less than 18 per cent. We give this comparison in illustration, not as proof, of the fact of the influence of temperature upon health, for this had been well authenticated.

By carrying the comparison further, we shall see that this increased mortality from exposure to cold falls more especially upon that class of invalids subject or predisposed to diseases of the organs of respiration, chiefly consumption of the lungs or phthisis. Thus the whole number of deaths from these diseases in the winter of 1851-'2 was 31—while the number of deaths from the same causes during the mild winter of 1852-'3 was reduced to 617, or 114 less, showing a difference in favour of the latter of 16 per cent., or, if we allow for the increase of population, of 22 per centum.

Deducting the number of deaths from lung diseases from the whole mortality from all causes during these respective years, we shall see that while the increase of mortality from diseases of the organs of respiration under the influences of a cold winter, was 16 per cent., exposure to cold had increased the number of deaths from all other causes to about 9 per cent. only. Thus showing what class of invalids suffer most from this cause, and teaching, as clearly as facts can teach, the vital necessity of increased care, on the part of such as are subject or predisposed to disease of the

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	32	41	36½	S. 1	E. 2	Clear, cloudy.
2	40	14	42	N. E. 2	N. E. 1	Rain A. M., thundershower 10 P. M.
3	41	50	45½	Calm.	N. W. 2	Dense fog, fair, clear.
4	39	46	42½	N. 1½	N. E. 1	Fog, slight sprinkling of rain.
5	43	50	46½	N. E. 1	E. N. E. 1	Fog, cloudy.
6	58	59	58½	S. 1½	S. W. 1	Cloudy, rainy day and night.
7	36	38	37	N. 3	N. W. 3	Overcast, clear evening.
8	36	38	32	N. N. W. 3	N. N. W. 3	Clear.
9	30	34	32	S. W. 1	N. W. 4	Clear.
10	25	42	33½	S. W. 1½	S. by W. 3	Overcast, fair, cloudy, clear.
11	36	50	43	S. W. 2	S. S. W. 3	Cloudy, clear.
12	42	46	44	N. W. 1	N. N. W. 2	Overcast, fair.
13	35	35	35	E. N. E. 3	N. W. 1	Snow and rain, clear P. M.
14	29	32	30½	N. W. 3	W. by N. 4	Cloudless, clear.
15	24	38	31	S. S. W. 1	S. S. W. 2	Do.
16	38	52	45	S. E. 1	S. 2	Rainy day, clear 10 P. M.
17	33	38	35½	N. W. 4	W. N. W. 3	Clear.
18	29	44	36½	E. by N. 1	S. 2	Fair, cloudy.
19	32	30	31	N. E. 3	N. E. 3	Cloudy, overcast.
20	20	32	26	N. 2	W. by N. 3	Fair, clear.
21	28	38	33	N. W. 1	S. W. 2	Clear, fair.
22	35	52	43½	S. ½	S. by W. 2	Fair, cloudy, rain 9½ P. M.
23	52	44	48	S. 1	N. N. W. 4	Rain till 3 P. M., clear evening.
24	26	31	28½	N. W. 5	N. W. 5	High wind and little sun.
25	26	37	31½	W. by S. 2	N. W. 3	Clear, fair, clear.
26	30	42	36	W. 1	N. W. 3	Clear, cloudy, clear.
27	34	48	41	Calm.	S. 1	Cloudless, overcast, rain 9½ P. M.
28	43	50	46½	S. 1	N. E. 1	Rainy night and morning, cloudy P. M.
	34.35	42.17	38.26	1.7	2.4	Monthly means.

lungs, of exposure of these enfeebled organs to atmospheric vicissitudes. Especially in winter and early spring is this care required, and we have been more willing to give this exposition, from a knowledge that a contrary opinion and practice prevail to a large extent, and from a hope that some of our readers might be profited by it. P. S.

PHILADELPHIA, 3d Month, 4, 1853.

Medical Journals.—We extract the following remarks on Medical Journals from our contemporary, the *Western Journ. of Med. and Surgery* (Jan. 1853):—

"Is it possible that all the journals in existence and contemplated, can live? Are they and will they be supported? We are no prophets, and shall not attempt to foretell what will be the fate of many of our respected contemporaries; but we are sure we are fully warranted in saying that at the present time their support is most inadequate. Hardly one comes to us in which there are no complaints that subscribers do not pay well. The cover of our own journal bears too frequent testimony to the tardiness with which the demands of our publishers are met. As a body, we take it that the medical editors of the United States labour for a smaller pecuniary remuneration than any other class of men in the community. The hope of such reward cannot be a motive to these enterprises.

"The rapidity with which medical, literary, and political journals have been multiplied in our country during the present century, is one of the marvels of our wonderful age. * * *

"It was near the close of the last century when our first periodical devoted to medicine was established, and at that time there were few such journals in existence anywhere. The *Medical Repository* was begun at New York in 1798, and for fifteen years had no ally or rival in our country. From first to last, in fact, it may be said to have occupied the field alone; for, while it went on to the completion of its twenty-third volume, its few contemporaries, after struggling on for a year or two, were discontinued for want of patronage. The *Medical Recorder* succeeded to the popularity of the *Medical Repository*, and thirty years ago, if not the only one in existence, was the only one that was widely circulated, or had any considerable duration. Another

was at length established by its side in Philadelphia; and this still goes on under a new name, the largest, the most elaborate, and the best supported of all our professional serials. The *Boston Medical and Surgical Journal* in age ranks next to the *American Journal of the Medical Sciences*, and its accomplished and amiable editor, we believe, has been longer on the tripod than any of his brethren, and is therefore the patriarch of the fraternity.*

"Looking over our exchange list, we find that the number of our medical journals has now swelled to twenty-eight, not to speak of those devoted to Pharmacy, Insanity, Dentistry, and the sciences allied to medicine, or of that mongrel brood which defiles while professing to reform and advance our noble profession. Of these, New York furnishes five, Pennsylvania four, Tennessee four, Ohio two, Louisiana two, Kentucky two, and Massachusetts, New Hampshire, New Jersey, Virginia, South Carolina, Georgia, Missouri, Iowa, and Illinois, each one. All France and Great Britain together scarcely do more than this.

"We have remarked that most of these publications afford but too indubitable proof of insufficient pecuniary support. Most of them barely pay expenses, if, indeed, they are not a tax upon their conductors; and in this connection another question naturally suggests itself—is their literary support any better? We believe that no one, after a careful inspection of the weekly and monthly issues of our medical press, will answer this question in the affirmative. The pages of our journals testify to a sad deficiency of practised competent contributors. Any one who will be at the trouble to estimate the proportion of 'original' matter in them, one month with another, will find that it is small, and, what is worse, that the articles forming this department have too probably obtained admission, in many cases, for no better reason than the straitness of the

* [Though it may be a matter of little moment, still, as point of correct history it may not be uninteresting to state that the first number of the *Boston Medical and Surgical Journal* was published on the 19th of February, 1828, without any editors' names, but it was edited by Drs. J. C. Warren, J. Ware, and, if we remember right, Dr. W. Channing. Subsequently, at what precise period we do not know, it was transferred to Dr. J. V. C. Smith, whose name as editor first appears in the twelfth volume published in 1835.

The first number of the *American Journal of the Medical Sciences* appeared in November, 1827, and it has continued up to the present time under the same editor.—EDITOR MED. NEWS.]

editor's supplies. A journal once launched forth must be continued to the end of the year, whether it has subscribers or not, and its pages must be filled with or without the aid of contributors. Publishing day comes round, and the editor is not prepared for it; he racks his brains for matter, but discovers, at length, that his powers of production have their limits. His Hippocrene has run dry. In despair, he seizes upon whatever may chance to lie within his reach, retouches, or remodels it, vamps it up, and sends it forth among his 'original' essays and cases.

"We have often asked ourselves the question, where is this tending, and in what is it to end? There are certainly more journals than are demanded, and the number is not likely soon to grow less, but rather to increase. Few have been discontinued within the last ten years, and during that period one at least has been added annually to the list. But this very excess is attended with some advantages, one of which is, and it is a most important one, that it fosters and develops in our profession a taste and talent for writing. Hundreds of articles are prepared for the periodicals of the neighbourhood, which would never be sent to a journal at a distance, and writers are thus found and brought out who otherwise would have spent their days in obscurity. In this way, too, the whole profession of the country is laid under contribution and its experience placed upon record. Cases of rare interest, facts having important practical bearings, are brought to light by this searching process which, in the absence of the competition, would probably remain unrecorded. And what though the history of them be given in uncouth phrases and an unpolished style? The function of the editor is to correct and improve these, and, so that the matter be good, he can afford to be indulgent as to the rest.

"We once heard of a correspondent of a western journal, who, on the appearance of his first article in print, wrote a kind letter to the editor, in which he related the following anecdote: He had once a friend, he said, who concluded to buy a little horse at auction because he was going cheap—an ill-formed, starved, sorry-looking little creature. He sent him to the country to be recruited. After a few weeks, his pony was brought back to him, but so metamorphosed that he

did not recognize him. He could hardly be persuaded that the plump, sleek animal before him was the shabby thing that he had a little while before dispatched to the country. We may add that this correspondent was not discouraged by the liberties which the editor took with his manuscript, but has continued to write, and now, when his papers return to him, he has no difficulty in recognizing them. We have no doubt but the experience of our brethren of the quill would furnish many similar instances. But all correspondents are not so reasonable, nor so improvable. What, for example, could be made of a man who wrote thus:—

"Dear Sir I wish you to Stop sending the Medical Journal to me for I will leave for oregon this Spring So close up for it is the no a countest thing I ever read it is at least 50 years behind the times you had better stop grinding or turn Eclectic then you will be a benefit to mankind

M. JEFFERIES M. D."

"We think this rare literary specimen is worth preserving, and doubt much whether any of our brethren can furnish from their correspondence anything to match it. Dr. Jefferies, it will be remarked, does not deign to make a stop in his letter. It is to be hoped that he did not stop till he got to Oregon.

"In what we have written, it has been far from our purpose to repress the ardor of any of our friends about embarking in the business of editorship. We would rather applaud their spirit and cheer them on to the work. Tendering to them and to all our brethren—the editors of the old journals and of the new—of those in *posse* as well as of those in *esse*—the compliments of the season, we wish them abundant success in their labours."

Medical Society of the State of Pennsylvania.—The annual meeting of the Society for 1853 will be held in the city of Philadelphia, commencing on Wednesday, May 25th. The secretaries of County Societies are requested to forward to the undersigned (No. 92 Arch Street, Philadelphia), the names of their delegates, at their earliest convenience.

HENRY S. PATTERSON, M. D.,

JOSEPH GIBBONS, M. D.,

Recording Secretaries.

Medical Graduates in 1853.

Jefferson Medical College,	223
University of Maryland,	60
Kentucky Medical School,	39
Medical Department of Yale College,	15
Med. Department of Penna. College,	56
Med. School of Harvard University,	17
Starling Medical College,	42
Coll. of Phys. and Surg., N. Y.,	53

New Jersey Insane Asylum.—The number of patients received into this asylum last year was 121. There were discharged 85, of whom 45 had recovered and 38 improved. There are now in the institution 182, of whom one-half are males.

Medicines.—The Illinois Legislature have passed an act requiring all persons dealing in medicines to label the medicine they sell on the bottle, vial, or package containing it. For a violation of the act a fine of from \$1 to \$5 is imposed. But physicians in their practice are not included in the intention of the act.

New Work.—DR. C. D. MEIGS is preparing a volume *On the Nature, Signs, and Treatment of Puerperal Fever*. To be published by Blanchard & Lea.

The Esculapian. A Monthly Medical Paper for the People. Edited by C. D. GRISWOLD, M.D.—We take pleasure in inviting the attention of the profession to this useful publication, the main objects of which are to diffuse among the people correct views in regard to medicine, and to expose quackery.

Physicians will advance their own interests and the cause of scientific medicine by exerting their influence to extend this publication among their patients.

FOREIGN INTELLIGENCE.

Tschudi's Account of the Arsenic-Eaters of Lower Austria.—The following account receives importance both from the extensive scale of the experiments and the general accord given to effects claimed for the agent employed: When an article is brought into habitual use in any extended district of country, and produces results evident to the senses, owing its employment to the uni-

versally admitted constancy of its effects, we are taught the constitutional operation of such agents in a manner to give confidence to us in their therapeutical application. Our method of deducing natural laws being, from the observation of invariable effects attending certain and fixed causes, we must ever receive with pleasure the detail of facts observed in instances where articles of the *materia medica* are employed. And where, as in such instances as the present, the established effect of the agent administered is disabused of the accusation of partiality, so often true with reference to the result claimed for the exhibition of medicines on a limited scale, we naturally draw conclusions from such statistics, feeling that they are free from the errors of limited experiments, where individuals, stimulated by the laudable desire of benefiting mankind and healing the sick, with oftentimes the lurking spur of personal ambition, are themselves deceived.

"The custom of eating arsenic prevails to a very great extent among the peasants of Lower Austria and Steiermarks, particularly in those mountainous regions bordering on Hungary. It is procured from peddlers, cow-doctors, and quacks of various description. These arsenic-eaters have a double purpose in view for the acquisition of their habit, the first being a healthy and fresh appearance, with a certain degree of corpulence; this intention they for the most part gratify, while the more youthful among them are remarkably distinguished for blooming health and exuberant exterior. The second purpose of this use is to facilitate respiration, and thus aid in the constant necessity of ascending heights required from their residence in a mountain region. It is not to be neglected, however, that excessive employment of arsenic for these ends is followed by poisonous effects and death. When these people have a long ascent of the mountains to make, they commence by taking a small piece of arsenic in the mouth, where it is gradually dissolved, producing most surprising effects in the ease with which the labours of the way are overcome. They begin with somewhat less than half a grain taken on an empty stomach in the morning, and prudently supply the mouth until the quantity consumed reaches about four grains at the time that their excretions are completed.

"There is never the least appearance of an

arsenic-cachexia, or chronic poisoning effect of this mineral to be observed in those persons who are in the full enjoyment of its habitual use; but should this habit for any length of time be suspended, the phenomena of a low grade of arsenical poisoning make their appearance, and are only removed by a return to the former custom.

"Arsenic is often strewed among the oats used by the horses, or a small piece being wrapped in linen is bound upon the bit, so as to insure its being gradually dissolved and supplied while the demand is being made upon the highest powers of respiration of the horse. A coat of great beauty, with a lively, spirited disposition, is thus insured to the horses, depending, however, upon their being continued upon this diet, for, should it be changed, they lose flesh, spirit, and the glistening coat for which they are so remarkable, though fed upon the choicest food, and are only restored when arsenic is again supplied. It is to be observed, in conclusion, that throughout this entire region, a knowledge of the abuse of the customary habit of making arsenic a diet, enters largely into questions of medical jurisprudence."—*Prague Medical Journal*.

Examinations Real, not Verbal.—[The following remarks, which we extract from our new contemporary (*Association Medical Journal*, edited by J. R. Cormack, M. D.) have much truth in them, and are suggestive of means to advance medical education, well worthy the consideration of our National Medical Association:—]

Great improvements and great discoveries, when known, seem to be so simple and obvious, that the wonder to all is that they were never adopted or found out before. And there are few more simple and obvious improvements, and none perhaps of more vital importance, than the addition of *real to verbal* examinations, by the Examining Board of the University of London. A century hence, the mode in which students are now mostly educated for medical and surgical practice will, we trust, hardly be credited. The plan hitherto has consisted in crowded lecture-rooms, while the attendance in dissecting-rooms, botanic gardens, chemical laboratories, and the wards of hospitals has been miserably scanty. Young men have assiduously worked at books in their own rooms and under grinders, and have let elip the most precious

opportunities of learning their profession. They have plied themselves with the thoughts, opinions, and acts of other men, without gaining the power of thinking or of observing at all. Who does not look back with a sigh, or with a more bitter feeling, at a system which compelled him to go from lecture-room to lecture-room, to hear for the most part *words*, in order that he might pass an examination of *words*; the one to fit him, and the other to convince the world that he was fitted to practise, not a language, but a practical art and a science dealing with *things*? The whole system—teaching, grinding, and examining—was exactly calculated to make him believe that he had only to commit to memory a certain number of words, in order to cure disease: a most cruel treatment, nicely calculated to raise his hopes in order to disappoint them; to foster all his conceits at his acquirements, in order to show the falseness of their foundation. He was sent away with prizes and medals and parchments, which proved, not that he had in any way mastered his art, but that he knew how to talk about it. Now the fault which lies at the very bottom of this system, and on which it rests, is the examination at the end. Improve that, and the other must correct itself. Examine the candidates in *things*, and not in *words*, and they must know the things and not merely the words representing them. Test anatomy by dissection, and the dissecting-rooms will be well attended. Test chemistry in the laboratory, and that will be the place of chemical study. Test surgery and medicine by the actual examination of patients, and the bedsides will be surrounded. This plan has been commenced by the University of London, and must sooner or later be followed by the other Examining Boards; and we feel convinced that the actual improvement in medical education will be rendered greater by this single alteration, than by any new curriculum, however comprehensive.

We will conclude with two instances of the working of the present system:—

Two students competed for a botanical prize. One has since proved himself an original botanist of the highest accomplishments. At that time his knowledge of plants was marvellous. He could tell any species, name it, and give the natural order, even in Kew Gardens, and his acquaintance with structural botany was

great. The other knew something of the botany of his district, and little more, but very carefully got up by notes the lectures they were attending; and although not fit to hold a candle to the other, he ran him so hard in a written examination, as to be within a few figures of gaining the highest prize. He had sufficient self-knowledge to be glad that he did not. In the second instance, the very worst house-surgeon inflicted on a public hospital was the highest prize-man in his college, and was elected on the strength of his prizes. His abilities were excellent; but he had devoted with diligence all his powers to the acquisition of words from books, and broke down in an appointment which demanded a knowledge of things.

The system has been to blame, not the student; and we thank the University of London for having begun prominently to adopt a more scientific mode of examination, and for thus giving us the promise of a more capable set of junior practitioners.

The First Physician and Chief Pharmacien of the Emperor of the French.—The personal history of DR. CONNEAU, who is now First Physician of the Emperor of the French, is well known in this country, as that gentleman was for several years in practice in this metropolis. He has been all his life in the family of the present Emperor, and attended the latter's mother, Queen Hortensia. He followed Louis Napoleon in all his hazardous expeditions, and was finally allowed to share his captivity at Ham Castle. The Emperor's attachment and esteem for Dr. Conneau have lately been rendered manifest by the appointment to which we have alluded, and we mention this act of constancy and gratitude of the Emperor towards a member of our profession with no small degree of pleasure, as exalted persons are not always grateful, and because these favours are being bestowed on a physician who in every way deserves them. Dr. Conneau has lately given a proof of his good taste and high sense of propriety, in writing to the Academy of Medicine that he did not mean to avail himself of the right he has just acquired, as First Physician of the Emperor, to take his seat in the Academy as honorary President. This right is to be traced to the foundation of the Academy in 1820, when Portal, the First Physician to Louis XVIII., exerted

himself so warmly in behalf of the Society, that it was resolved to give him and his successors the honorary presidency of the Academy.

The chief pharmacien of the present Emperor is M. Acar. This gentleman was formerly residing at Ham, and rendered the then prince services of an important kind. It is refreshing to see the new monarch surrounding himself with the men who stood around him in evil days. M. Acar is a man who has claims to a scientific reputation, and has published some valuable papers on professional subjects.—*Lancet*, Feb. 19.

The Empress of the French and Medical Charities.—It is stated that amongst the articles composing the *corbeille de mariage* of the Empress, her husband had directed to be placed, in lieu of the purse which it is the custom to give to the bride, a pocket-book containing notes to the amount of 250,000 francs. This large sum the Empress has devoted entirely to medical purposes, giving 150,000 francs to be employed in founding new beds in the Hospice des Incurables, in favour of destitute persons of both sexes, the designation of whom is to belong to the Empress. Her Majesty has also become the patroness of the Sociétés Maternelles, to which institution she has given 100,000 francs.—*Ibid*.

Munificent Gifts to Medical Institutions by M. Orfila.—M. ORFILA recently read the following letter before the Academy of Paris: "I do not wait, as is generally the rule, till death has removed me from among you, to assign the sum of 24,000 dollars to different public establishments. I have two reasons for acting thus: first, because it is of some importance that the institutions to which I refer should as soon as possible reap the benefit of the donations which I am offering; and secondly, because I thought that my presence would be of some use to overcome any difficulties which might arise during the carrying out of my plan; or perhaps in order to modify the latter, if the necessity of doing so were clearly demonstrated. I shall not attempt to enter into the reasons which have induced me to give the preference to certain institutions over others; it will be sufficient for me to state that, by giving 12,000 dollars to government for the completion of the museum which bears my name, it is my intention to endow France with a scientific col-

lection which will be unparalleled, and also to afford students in medicine a new proof of the sympathy and good-will with which I have always regarded them. I am also anxious to show them how grateful I feel for the very flattering attention they invariably have given to my lectures for the last thirty-four years. I am anxious, for this reason, that no misapprehension should exist regarding my motives, and have directed the following inscription to be placed over the principal entrance to the museum:—

“*To Students in Medicine.*—I founded this Museum, in 1845, for promoting medical studies, and solely to be useful to yourselves.—ORFILA.”

“I have thought it right to found a small annuity in favour of the keeper, who has always rigidly attended to his duties. I also institute two prizes, one to be given by the Academy of Medicine (400 dollars), the other by the School of Pharmacy (200 dollars), on subjects which have fixed my attention all through life. I have thus no other ambition but that of serving a science to which I have always remained faithful, without allowing myself to be led astray by politics. I give to the Preparatory Schools of Bordeaux and Angers, 200 dollars to the former, and 440 dollars to the latter, to show how I approve of this kind of schools, which were organized upon a proposal of mine. To the Benevolent Medical Association of the Department of Seine, I give 80 dollars a year, in proof of the high estimation in which I hold this society, which I am proud of having founded in 1833.”

M. Orfila mentioned various other acts of kindness and benevolence of smaller importance, and received, at the end of his discourse, the hearty and unanimous applause of the members present. The Academy have decided that thanks should be tendered to M. Orfila by a deputation; and the medical press are calling a meeting for the same purpose.—*Ibid.*

Health of Paris.—Some alarming rumours have been in circulation at Paris; we may give our assurance that all anxiety as to the state of the public health is without foundation. Information, upon the accuracy of which we may rely, authorizes us to say that the choleric affections which have presented themselves lately at the hospitals have not exceeded the number twelve during the last six months, and that such is

about the usual proportion to other cases at this season. With one exception these cases were slight; the principal symptoms characteristic of Asiatic cholera were wanting, and the patients all recovered. One single circumstance was calculated to arouse public attention, namely, five cases of this nature presented themselves at the Hôtel Dieu upon the same day the week before last. The symptoms, however, yielded to proper treatment. The influenza (*la grippe*) has prevailed at Paris since the last fortnight of December, and has attacked, as usual, a large part of the population. As usual, too, but perhaps rather more strongly marked in the present epidemic than in any of the preceding, the disease has presented itself under two forms, a pectoral form, and an intestinal form. Under this last form, it gives rise to colic, purging, to a prostration of strength most marked, to change in the features, to general loss of temperature, symptoms which recall, in reduced proportions, some of the phenomena of Asiatic cholera. But these accidents yield wonderfully to the employment of some diffusible stimulus, viz.: infusions of peppermint and chamomile, and to the administration of opium in draughts or lavements. Opium is most useful in arresting these symptoms, which do not resist treatment nearly so much as those accompanying the pectoral form of “*la grippe*,” the progress of which, usually without danger, it is difficult to stop.

It is very true there are, at the present moment, a great number of sick in the hospitals; supplemental beds have been put into the Hôtel Dieu, and it is feared a yet larger number will be required. This fact arises from two causes: First, the suppression of the temporary hospital of Bon Secours; secondly, the exceeding mildness of the winter, which has permitted the continuance of the immense works now in progress at Paris, and has consequently retained a considerable number of labourers who usually go back at this season to their homes. To resume, in spite of “*la grippe*,” in spite of the crowded state of the hospitals, where there are many cases of typhoid fever, nothing justifies the apprehensions spread throughout the public mind. Asiatic cholera does not exist in Paris. It is retiring daily from central Europe, and everything confirms us in the hope, which we expressed last November, that the epidemic of Poland and Russia would die in the place of its

birth.—*L'Union Médicale*, January 27, 1853.

Suppurative Peritonitis attended with the Evacuation of the Pus through the Abdominal Walls, and followed by Recovery.—Dr. BAINEs read an account of a very interesting case of this character before the Western Medical and Surgical Society of London (Dec. 3, 1852).

The subject of the case was a child, five years of age, of strumous diathesis, and whose father had died of phthisis. Having been for some time ailing, and complaining of transient pains in the abdomen, was first visited professionally on the 18th of May last, when she presented the following symptoms: Slight abdominal pain and tenderness, with frequent vomiting and fever. These having all much increased by the following day, leeches were applied, and mercury with chalk, and Dover's powder, ordered every four hours. She had assumed a decubitus upon the back, with the knees drawn up. No enlarged viscus could be detected in the abdomen. The remedies were continued until eczema mercurialis occurred, which necessitated the withdrawal of the mercury, and the Dover's powder was continued alone. The symptoms remained much the same, without any enlargement of the abdomen or fluctuation, up to the 14th of June, when all the symptoms returned with increased violence. There were no rigors. Poulices, leeches, &c., as before. On the 15th, the abdomen began to swell, and general fluctuation could be detected. The next day a small, red, prominent spot, which had formed since yesterday, just below the umbilicus, gave way, and about three pints of greenish pus was discharged. The enlargement of the abdomen subsided. The child was much depressed. The wound having closed on the 17th, the symptoms returned, but again subsided upon re-opening the wound, from which time the patient gradually recovered. Dr. Baines remarked that cases of acute ethenic peritonitis, terminating in effusion of pus, were comparatively rare, and especially so in children, as the peritoneum shares with other serous structures an indisposition to assume the suppurative type of inflammation; and that, when found, it was after some duration of the chronic form of the disease, as manifested in scrofulous subjects. He stated it as worthy to be remarked, that, in no case yet recorded, had there been any rigor occurring,

whereby one could diagnose the formation of pus. The author glanced at certain cases of partial suppuration in the peritoneal cavity in children, as being more common, and quoted the experience of M. Thore, of Paris, among the foundlings of that city. The method of cure adopted by nature in the present case is sometimes found to occur in puerperal cases; though in others, again, the matter has burst into the rectum. Hence, under the most hopeless circumstances, nature will assist us in suggesting a mode of cure; and though our prognosis might be more favourable under these circumstances than where no evacuation occurred, yet the exhaustion consequent upon the discharge is so great as to necessitate a guarded opinion as to the result. The author further drew the attention of the Society to the remarkable acuteness of the effusion. For the first month no fluctuation existed; but in two days the pus formed, and had perforated the walls of the abdomen.—*Lancet*, December 18, 1852.

Extraordinary Birth.—Mrs. Emma Erchert, of 65 Oxford Street, gave birth last week to a female infant with two heads and two necks. One head came into the world nearly four hours before the other. The infant had full vitality two minutes before birth. Dr. Richards, of Bedford-square, acted as accoucheur, and had to use instruments. The body, which was well proportioned, measured $19\frac{1}{2}$ inches in length, and $9\frac{1}{2}$ from shoulder to shoulder, across the back. The mother dreamed, a fortnight previously, that she would give birth to such a monster. Mr. Erchert retains the body, properly preserved.—*Lancet*, Feb. 12, 1853.

Liability of Employers for Attendance on Servants.—At a trial recently brought by a surgeon in one of the county courts in England, to test the question of the liability of employers for the payment of medical men for attendance on domestic servants, the judge decided that they are liable, and gave the verdict for the plaintiff, with full costs.

In the same court, in a suit brought by another surgeon for payment for several visits to the same patient in one day, the judge stated that he considered medical men the best judges of what patients required, and decided that they are entitled to charge for more than one visit per day.—*N. Y. Med. Times*, Feb. 1853.